



***SAFE HAVEN REPORT FORM***  
**FOR PROGRAMMATIC REPORTING ONLY**

**PLEASE NOTE:** As stated in the Safe Haven Grant Agreement in Item Number 4:

**“Any failure by the Grantee to timely submit required reports may result in the withholding of funding until such reports are received by CJI and possible forfeiture of future funding opportunities with the State. The Grantee further agrees to submit any statistical information required by the State.”**



## ***SAFE HAVEN REPORT FORM*** **FOR PROGRAMMATIC REPORTING ONLY**

Safe Haven Grant Number: 08-SH-\_\_\_\_\_

School Corporation: \_\_\_\_\_

School: \_\_\_\_\_

Name of Safe Haven Program within School: \_\_\_\_\_

Safe Haven Program Director: \_\_\_\_\_

Report for (Please Fill in Year): 1<sup>st</sup> Semester (due 01/31/\_\_\_\_\_) 2<sup>nd</sup> Semester (5/31/\_\_\_\_\_)

Is this your final report?      ☐ Yes      ☐ No

Program Type (i.e. Bullying Prevention, Drug Prevention) \_\_\_\_\_

### **Signatures**

**By signing this report, I hereby certify that the contents are true and accurate to the best of my knowledge. I also acknowledge, by signing this report, that ICJI has the right to request and must be granted access to any and all data used as sources for the reporting herein.**

\_\_\_\_\_  
**Printed Name of Superintendent**

\_\_\_\_\_  
**Printed Name of Official Completing the Report**

\_\_\_\_\_  
**Signature of Superintendent**

\_\_\_\_\_  
**Signature of Official Completing the Report**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Telephone Number of Official Completing Report**



2. How many of the enrolled students (per question 1) participated at least one time in an activity offered by your Safe Haven Program during the current reporting period by race, sex, and grade.

[illegible]

3. Of the total number of students participating in an activity offered by your Safe Haven Program (per question 2), how many participated more than once during the current reporting period (e.g., by attending more than one session)?

[illegible]

## SECTION II: PROGRAM ACTIVITIES

**Reminder:** This section (questions 4-12) to be completed only if your program offered before/after-school activities.

4. Which activities were offered through your Safe Haven Program **during the current reporting period**? In the table below, enter (a) the number of students who participated in each activity at least once, (b) the number of times each activity was offered per day, week, month, or semester, as applicable, and (c) the duration of each activity each time it was offered. This information should be reported separately for activities before and after school.

The first two lines in the table below provide examples for a drug prevention program provided twice a week before school for one hour, and a recreation program provided once a day after school for two hours. Fifty (50) students participated in the before school activity at least once, and 100 students participated in the after school activity at least once during the current reporting period.

### BEFORE SCHOOL ACTIVITIES

Activity	(a) Number Who Participated At Least Once	(b) Frequency of Activity		(c) Duration of Activity
		Enter No. of Times	Circle One Unit of Time	
<u>Example: Drug Prevention</u>	50	2 per	Day <input type="checkbox"/> Week <input checked="" type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	60
<u>Example: Recreation</u>		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Academics/Tutoring		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Computer Training		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Alcohol Prevention Ed.		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Drug Prevention Ed.		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Violence Prevention Ed.		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Athletics/Sports		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Recreational Activities		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Other (Please Specify):		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
Other (Please Specify):		per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	

### AFTER SCHOOL ACTIVITIES

(a) Number Who Participated At Least Once	(b) Frequency of Activity		(c) Duration of Activity
	Enter No. of Times	Circle One Unit of Time	
	per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
100	1 per	Day <input type="checkbox"/> Week <input checked="" type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	120
	per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
	per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	
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	per	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/>	

Photocopy and attach extra forms if more space is needed

### SECTION III: PROGRAM INQUIRY AND QUESTIONNAIRE

5. Briefly describe each Safe Haven Program activity indicated in question 4, including any requirements for participation in the activity (e.g., teacher referral, as a disciplinary action, etc.).

PROGRAM NAME: \_\_\_\_\_

PROGRAM PURPOSE **AND** ACTIVITIES: \_\_\_\_\_

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REQUIREMENTS FOR ELIGIBILITY/PARTICIPATION: \_\_\_\_\_

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PROGRAMS GOAL(S) DETERMINED BY SCHOOL CORPORATION AT TIME OF APPLICATION (I.E. REDUCE TRUANCY BY 20%, INCREASE ACADEMIC ACHIEVEMENT BY 9%). **BE SPECIFIC:**

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DID PROGRAM MEET THESE GOALS? :                      YES                      NO

IF NOT, WHY DID THE PROGRAM FAIL TO MEET ITS GOALS? WHAT CHANGES COULD BE MADE TO INCREASE THE PROBABILITY OF A SUCCESSFUL PROGRAM? : \_\_\_\_\_

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**Instructions for Questions 6-11:** Although questions 6-11 look similar, in some cases there are important differences. Please read each question carefully before answering.

**IMPORTANT NOTE: In order to establish the most direct impact of programs, time-order must be taken into account. The numbers reported below should reflect only students' behaviors AFTER participating in the Safe Haven Program.**

**6. School Attendance**

Below, please enter the number of SH activity participants for whom school attendance improved or worsened over the course of the current reporting period.

\_\_\_\_\_ Number for whom attendance improved AFTER program participation  
 \_\_\_\_\_ Number for whom attendance worsened AFTER program participation

**7. Grades**

Enter the number of SH activity participants for whom grades improved or worsened over the course of the current reporting period.

\_\_\_\_\_ Number for whom grades improved AFTER program participation  
 \_\_\_\_\_ Number for whom grades worsened AFTER program participation  
 \_\_\_\_\_ Check here if question is not relevant because SH program only serves preschoolers

**8. Academic Effort (i.e. class participation, taking work home, completing assignments on time)**

Enter the number of SH activity participants for whom academic effort improved or worsened over the course of the current reporting period.

\_\_\_\_\_ Number for whom academic effort improved AFTER program participation  
 \_\_\_\_\_ Number for whom academic effort worsened AFTER program participation

**9. Behavioral Problems (i.e. tardiness, suspensions, expulsions, or other disciplinary problems)**

Below, first enter the number of SH activity participants who exhibited behavioral problems (as defined by the school or School Corporation) BEFORE program participation. Then enter the number of SH activity participants for whom behavioral problems improved or worsened over the course of the current reporting period.

\_\_\_\_\_ Total number of program participants exhibiting behavioral problems BEFORE program participation  
 \_\_\_\_\_ Number for whom behavioral problems improved AFTER program participation  
 \_\_\_\_\_ Number for whom behavioral problems worsened AFTER program participation

**10. Violent Behavior (i.e. verbally or physically assaulting behavior or bullying)**

Below, first enter the number of SH activity participants who exhibited violent behavior (as defined by the school or School Corporation) **BEFORE** program participation. Then enter the number of SH activity participants for whom violent behavior frequency decreased or increased over the course of the current reporting period.

\_\_\_\_\_ Total number of program participants exhibiting violent behavior **BEFORE** program participation

\_\_\_\_\_ Number for whom violent behavior frequency decreased **AFTER** program participation

\_\_\_\_\_ Number for whom violent behavior frequency increased **AFTER** program participation

**11. Alcohol and/or Drug Use**

Below, first enter the number of SH activity participants who have been previously reprimanded for alcohol and/or drug use. Then enter the number of these SH activity participants for whom alcohol and/or drug use decreased or increased over the course of the current reporting period.

\_\_\_\_\_ Total number of program participants previously reprimanded for alcohol and/or drug use **BEFORE** program participation

\_\_\_\_\_ Number for whom alcohol and/or drug abuse decreased **AFTER** program participation

\_\_\_\_\_ Number for whom alcohol and/or drug abuse increased **AFTER** program participation

\_\_\_\_\_ Check here if question is not relevant because SH program only serves preschoolers

12. Briefly describe how activities offered as part of your Safe Haven Program enhanced/improved the overall safety of your school during the current reporting period. Be Specific. Please use any available data or statistics. Please **DO NOT USE** perception driven statements such as: "The faculty feels . . ." or "Parents have commented . . ."

#### IV. OVERALL PROGRAM IMPACT

13. Please describe the accomplishments of your Safe Haven Program in the current reporting period. Include any impacts on the surrounding community (for example, greater community involvement or collaboration with youth organizations and initiatives) and any unforeseen benefits of the Safe Haven Program. **Be specific.**